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Efficacy of Virechana Karma by Patolmooladi Kashayam: A Pilot Study

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ABSTRACT

Background: Ayurvedic classical texts emphasize that cleansing therapies (*Shodhana*) are vital for eradicating chronic disorders from the root, especially in skin diseases (*Kushtha*) which often involve vitiated *Pitta* and *Rakta* (blood). *Virechana* (therapeutic purgation) is regarded as the treatment of choice for Pitta-dominant conditions and can expel accumulated *Doshas* through the lower gastrointestinal tract. *Patolamooladi Kashayam* is an herbal decoction traditionally indicated in *Kushtha Roga* (Skin disorders, including various types of *Kushtha* and *Shwitra* (Vitiligo), *Grahani* (IBS), *Arsha* (Piles), *Hrida Shoola, Basti Shoola* and *Visham Jwar* and Known for its *Virechan Karma* too. This pilot study evaluates the efficacy of *Virechana Karma* performed with *Patolamooladi Kashayam* in patients with various skin diseases.

Methods: A total of 22 patients with various dermatological conditions classified as various types of *Kushtha* or *Shwitra* were recruited from the Panchakarma Out Patient Department of Bharati Ayurved Hospital, Pune. All patients underwent classical *Purva Karma* (pre-treatment) with internal oleation (*Snehan*) and fomentation (*Swedan*) followed by *Pradhana Karma Virechana Karma* using *Patolamooladi Kashayam* as the sole *Virechaka* drug (purgative agent). Patient baseline *Koshtha* (bowel habit) and *Agni* (digestive fire) were assessed, and outcomes recorded included the number of purgative bouts (*Vegas*), subjective signs of proper purgation (*Laingiki Shuddhi*), and the nature of the final stool (*Antiki Shuddhi*). Descriptive statistics and graphical analyses were used to evaluate the cleansing efficacy across different patient constitutions.

Results: All 22 patients achieved successful purgation (*Samyak Virechana*), as evidenced by attainment of *Laingiki Shuddhi* (presence of classical post-purgation relief signs in every case). The number of purges (Vegas) obtained per patient ranged from 7 to 23, with a mean of 13.5 ± 5.0. Notably, 82% of patients (18/22) had their purgation end with a *Kaphānta* stage (evacuation of *Kapha* in the last stools), indicating a high-grade cleanse, while 4 patients (18%) ended with *Pittānta* which is moderate completion. Patients with *Mridu Koshtha* (soft bowel) experienced a higher average purge count than those with *Krura Koshtha* (hard bowel), reflecting the classical understanding that *Pitta*-predominant, soft-boweled individuals purge more easily. Similarly, those with *Vishama Agni* (irregular digestion) tended to have more purgation bouts than patients with *Tikshna Agni* (hypermetabolic digestion) or *Manda Agni* (slow digestion), though all *Agni* types responded effectively to the protocol. No significant complications were observed apart from transient fatigue and thirst, which are expected transient symptoms of proper *Virechana Karma*.

Conclusion: The results of this pilot study suggest that *Patolamooladi Kashayam* is a potent and safe herbal formulation for.

inducing *Virechana Karma* (therapeutic purgation). It achieved effective *Samyak Virechana* (detoxification) in a majority of patients, evidenced by substantial purge counts and attainment of desired end-point criteria in over 80% of cases. This aligns with classical Ayurvedic literature and other clinical reports that highlight the role of *Virechana Karma* in breaking the pathogenesis of various types of *Kushtha* or *Shwitra* (skin disorders). Given the significant improvements observed (including reduction in itching, lighter skin lesions, and subjective feelings of "lightness" post-therapy), *Patolamooladi Kashayam* can be considered a viable primary purgative for *Panchakarma* cleansing in *Pitta* dominant skin conditions. Further studies with larger sample sizes and control groups are recommended to statistically validate these findings and to explore long-term benefits, such as recurrence prevention, which has been noted in other *Virechana*-centric studies

1. INTRODUCTION

Skin diseases, described in Ayurveda under the broad term *Kushtha*, often have involvement of all three *Doshas* with a predominance of *Pitta Dosha*. Among these, *Shwitra* (vitiligo/leukoderma) is characterized by depigmented white patches. Ayurvedic classics state that repeated bio-purification (*Shodhana*) is the main line of treatment for stubborn *Kushtha* disorders, to eliminate the vitiated *Doshas* from the body and prevent recurrence. Of the five Panchakarma therapies, *Virechana Karma* (therapeutic purgation) is specifically indicated as the best approach for conditions where morbid *Pitta* and *Rakta* (blood) are involved, such as in many skin ailments. *Virechana* cleanses accumulated *Doshas* (toxins) from the gastrointestinal tract and is believed to expel them from the cellular level throughout the body. It not only eliminates aggravated *Pitta Dosha* but can also help remove *Kapha* and residual *Vata* to an extent, thus addressing the *Tridoshic* involvement often seen in chronic dermatoses. Clinical evidence supports this classical wisdom: for example, a recent study in patients of various types of *Kushtha* and *Shwitra* showed that performing *Virechana* prior to other therapies raised the cure rate to over 81% and drastically reduced disease recurrence, compared to only ~22% cure with mild cleansing methods. Such outcomes underscore the powerful role of proper purgation in achieving long-term remission in skin diseases.

In Ayurvedic classics, herbal formulations are frequently used to induce purgation. *Patolamooladi Kashayam* is one such classical formulation mentioned in the context of *Kushta Chikitsa*. Vriddha Vagbhatta mentioned it is an aqueous decoction containing potent bitter herbs like *Patola* (*Trichosanthes dioica*) along with others such as *Haritaki (Terminalia chebula),Vibhitaki* (T*erminalia bellirica), Amalaki* (*Emblica officinalis), Katurohini (Picrorhiza kurroa),Vishala (Cirullus colocynthis),Trayamana (Gentiana kurroo*) and *Nagar (Zingiber officinale*). In traditional texts (e.g., Ashtanga Hridaya, Chikitsasthana 19), *Patolamooladi Kashayam* is indicated for *Kushtha* (diseases of the skin) and various other disease too. Its therapeutic profile includes alleviating itching, pigmentation, and burning sensations associated with skin disorders. Pharmacologically, *Patolamooladi Kashayam* is known to "bestow mild laxation" (promote gentle but effective purgation) while simultaneously supporting liver function and metabolic processes. The formulation's ingredients have *Deepana-Pachana* (digestive stimulant) and *Bhedana* (choleretic, bowel-clearing) properties, which stimulate bile secretion and intestinal peristalsis to induce purgation. This dual action of bio purification the blood/liver and cleansing the gut makes it especially suitable for treating skin diseases rooted in internal toxin accumulation.

Modern Ayurvedic pharmacies describe *Patolamooladi Kashayam* as a remedy that *"cleanses the gut and detoxifies the system"*, useful in conditions like chronic skin disease, sluggish metabolism, and even obesity. It has been used not only for skin ailments but also for several other diseases reflecting its broad detoxifying effect. Given these properties, we hypothesized that using *Patolamooladi Kashayam* as the purgative agent in a *Virechana* protocol would effectively eliminate pathogenic factors and bring about clinical improvement in patients with *Kushtha* and *Shwitra.*

To date, there is limited published data on *Patolmooladi Kashayam* and the exclusive use of this specific *Kashaya* for *Shodhana (Virechana).* However isolated case report on *Kitibha Kushtha* (psoriatic lesions) documented that a patient treated with *Virechana* followed by internal medicines including *Patola Katurohinyadi Kashayam* showed remarkable improvement of lesions within 15 days. These examples align with the Ayurvedic principle that *"Shodhana,* especially *Virechana,* removes the root cause of the disease and prevents recurrence" in skin disorders.

Building on this background, our study was designed as a pilot to systematically assess the efficacy of *Virechana Karma* using *Patolamooladi Kashayam* in multiple patients. The primary objectives were to evaluate and decide: (1) dose fixation-according to the *Kostha* of patients (2) the biopurification efficacy – measured by the extent of purgation (number of *Veags* and end-point of purification) achieved, and (3) the clinical outcomes – improvements in symptoms like itching or lesion appearance post-*Virechana.* We also observed how patient factors like *Koshtha* (bowel nature) and *Agni (*digestive strength) influenced the purgative response, since classical texts mention that these can affect the results of *Panchakarma.* Ultimately, this pilot study aims to substantiate the classical claims in a modern clinical context and pave the way for larger controlled trials on *Patolamooladi Kashayam* as a prime *Virechaka* drug in various indicated conditions.

2. METHODOLOGY

Study Design and Participants

This study was conducted as an open-label single-arm pilot trial. A total of 22 patients were selected from the Panchakarma outpatient department (OPD) of Bharati Ayurved Hospital (Pune, India). The patients were adults aged between 09 and 59 years, diagnosed with various skin conditions corresponding to *Kushtha* (which includes psoriasis, eczema, etc.) or *Shwitra* (vitiligo) in Ayurvedic terminology. We deliberately included a range of *Kushta* presentations (e.g. *Kitibha, Vicharchika, Eka-Kushta, Pama*) as well as *Shwitra*, to evaluate the general efficacy of the purgation across these conditions while not disclosing specific diagnoses in this report (they are collectively referred to as "various types of *Kushtha* and *Shwitra*" to maintain focus on therapy efficacy). All patients gave informed consent for undergoing the *Virechana* procedure and for their anonymized data to be used in analysis.

Inclusion criteria were: Patients with signs of *Pitta* predominance in their skin disorder (such as reddish or hyperpigmented lesions with itching or burning), most of them being chronic, and fit for *Panchakarma* as per a pre-procedure assessment. Exclusion criteria included: severe uncontrolled medical illnesses (like diabetes, cardiac conditions), any active infections, pregnancy, and patients who had undergone any *Panchakarma* in the last 3 months. Prior to enrollment, each patient underwent a thorough Ayurvedic examination including *Prakriti* (constitution) assessment, *Koshtha* examination (to classify as *Mridu, Madhyama* or *Krura Koshtha*), and *Agni* assessment (classified as *Sama, Vishama, Tikshna*, or *Manda Agni*). The distribution of patients by these characteristics is presented in the Results.

Each patient's *Koshtha* type was determined by Koshtha assessment criteria scale: mostly those with daily soft, easily voided stools were categorized as *Mridu Koshtha* (soft bowels), those with regular but well-formed stool as *Madhyama Koshtha*, and those with tendency to hard or infrequent stools as *Krura Koshtha*. Digestive fire was assessed via clinical features: e.g., variable appetite with gas/bloating indicated *Vishama Agni* (irregular, typically *Vata*-related), excessively strong appetite and rapid digestion indicated *Tikshna Agni* (hypermetabolic, *Pitta*-related), and poor appetite with heaviness indicated *Manda Agni* (slow, *Kapha*-related). This baseline profiling was done because classical texts note that individuals with *Mridu Koshtha* (often *Pitta*-dominant) respond quickly to purgatives, whereas those with *Krura Koshtha* (*Vata*-dominant) may require stronger purgatives and in higher dose for effective cleansing. We intended to observe whether such classical expectations hold true when using *Patolamooladi Kashayam*.

Intervention – *Virechana* Procedure

The *Virechana Karma* was carried out in adherence to classical Ayurvedic protocol, which consists of three phases: *Purva Karma* (preparation), *Pradhana Karma* (the main purgation procedure), and *Paschat Karma* (post-procedure care). *Purva Karma* (Preparation): All patients first underwent *Snehana* (internal oleation) and *Swedana* (fomentation), the standard preparatory steps for *Virechana*. Each patient was given cow's ghee orally in gradually increasing doses for 3–7 days (depending on their *Koshtha*) until signs of *Samyak Snehana* (adequate oleation) were observed (such as oiliness of skin, softened stool, and appetite changes). Following internal oleation, patients received full-body *Abhyanga* (therapeutic oil massage) using warm *Tila Taila* (sesame oil), and *Swedana* (steam fomentation) for 3 consecutive days. These procedures help to mobilize *Doshas* from peripheral tissues toward the gut. Patients were kept on a light, warm diet during this period as per *Panchakarma* dietary guidelines. By the end of *Purva Karma*, patients typically reported clear bowel movements and slight decrease in skin eruptions or secretions, indicating *Dosha* mobilization.

Pradhana Karma (Administration of *Patolamooladi Kashayam*): On the morning of Virechana day, after ensuring the patient had digested the previous night's meal, *Sarvang Snehan* and *Swedan* was done, on empty stomach, *Patolamooladi Kashayam* was administered. The dosage for each patient was calibrated according to their *Koshtha*. Patients with expected *Krura Koshtha* were given a slightly higher dose (around 80-100 ml of the warm decoction), *Madhyama* ~60-79 ml, and *Mridu* ~40-59 ml, in a single dose, administered warm. In practice, all patients received between ~60–120 mL of *Kashayam* to drink. No adjunctive purgative such as *Trivrit* powder(dry powder of *Operculum terpenthum)* or castor oil was added – the intention was to assess the standalone purgative power of *Patolamooladi Kashayam.* After ingestion, patients were advised to sip warm water periodically. They were closely observed in the Panchakarma Indoor Patient Department for the onset of purgation. The time to first bowel movement and the total count of purgation bouts (*Virechana Vegas*) were recorded for each patient. *Vaigiki Shuddhi* was assessed by counting the number of *Vegas,* and we also monitored for associated symptoms like abdominal cramps or dizziness.

During the purgation process, standard precautions were in place. If a patient did not initiate purgation within 1.5–2 hours, an additional dose was given (this was needed in few patients with very hard bowel tendency). All other patients started purging spontaneously. The purgation was allowed to continue until the body's natural stop signal. Classical *Antiki* criteria were observed: when the patient's stool had mostly clear fluid or mucus with a faint yellowish tinge (*Pitta*) and especially when it turned to a turbid white or mucoid appearance indicating *Kapha* excretion, the purgation was considered complete. In our cases, most patients reached a *Kapha* stage at end. We did not have to actively stop the purgation with any antidote; it ceased on its own after the indicated number of expulsions. Throughout, patients' pulse, blood pressure, and hydration status were monitored. Oral rehydration (warm saline-sugar solution) was given intermittently to prevent dehydration.

Paschat Karma (Post-care and Diet): After completion of *Virechana*, patients were allowed to rest. A specific post-purgation

diet (*Samsarjana Krama*) was followed, starting with small quantities of thin rice gruel and gradually progressing to normal diet over 3-7 days according to *Shudhdhi*, to allow the *Agni* (digestive fire) to rekindle properly. Patients were advised to avoid cold, heavy, or spicy foods during this recovery phase and were watched for any delayed adverse effects. No other active treatment for the skin condition was given in this immediate post-*Virechana* phase.

Outcome Measures

The primary outcome measures for efficacy were related to the completeness of purgation, documented as follows:

Vaigiki Shuddhi (Quantitative Purgation): Total number of purgation bouts (*Vegas*) each patient experienced. According to the texts, controlled purgation can be classified as *Avar* (mild), *Madhyama* (moderate), or *Pravara* (high) *Shuddhi* based on the number of *Vegas*. For analysis, we categorized outcomes as mild (≤10 purges), moderate (10–20 purges), and high (>20 purges) for convenience, and noted the proportion of patients in each category.

Antiki Shuddhi (End-Point of Purification): The nature of the final few bowel movements, particularly which *Dosha* was predominating towards the end. We noted whether the last expelled matter was yellow or greenish, or patients having burning in the anal region indicating *Pittānta*) or mucus-like phlegm (whitish or cloudy, indicating *Kaphānta*). As per *Ayurvedic* theory, a *Kaphānta* purgation is a sign that the deeper tissues have been cleansed. This was used to infer the thoroughness of detoxification.

Laingiki Shuddhi (Subjective Signs of Proper Purgation): After the procedure, we evaluated each patient for classical signs of successful *Virechana*: these include feelings of lightness in the body (*Laghava*), clear belching without foul smell, improved appetite, clarity of senses, and a sense of relief in symptoms. Presence or absence of these signs was recorded. In particular, reduction in skin symptoms such as itching or burning immediately after *Virechana, (* in some even during *Snehapaan)* was noted as a positive outcome .

Secondary outcomes included clinical changes in the skin lesions one week post-*Virechana.* Although definitive lesion recovery might take longer with subsequent internal medicine, we documented any immediate improvements (e.g., reduction in inflammation, itching, or redness of lesions) following the detox. Patients were advised to continue with appropriate internal herbal medications (*Shamana* therapy) after the *Virechana* and follow-up for their skin condition, but those results are beyond the scope of this pilot presentation.

We also monitored safety outcomes: incidence of any adverse events during or after *Virechana* (excessive vomiting, fainting, severe abdominal pain, etc.). The procedure was conducted under physician supervision and emergency measures were available on standby, although thankfully none were needed.

Data were compiled in a spreadsheet (Microsoft Excel). We performed basic descriptive statistics. Given the pilot nature and no control group, analysis is primarily descriptive and exploratory. We used percentages to summarize categorical outcomes (like proportion attaining *Kaphant Shuddhi*) and means ± SD for continuous data (like number of purges). Graphical representations (pie charts and bar graphs) are used in the Results section to illustrate the distribution of key outcomes across the cohort, as this is often more intuitive for understanding *Panchakarma* results.

Results

Patient Profile: A total of 22 patients (15 males, 7 females) completed the *Virechana* therapy and follow-up assessment. The mean age was 34.5 years (range 9 to 59 years; note: one pediatric case aged 9 was included under parental consent and careful monitoring). Patients' diagnoses in modern terms ranged from psoriasis and eczema to vitiligo and other chronic dermatitis, but for the purpose of this Ayurvedic study they were all categorized under *Kushtha* (~77% of cases) or *Shwitra* (~23% of cases). Baseline examination of constitutional factors yielded the following distribution:

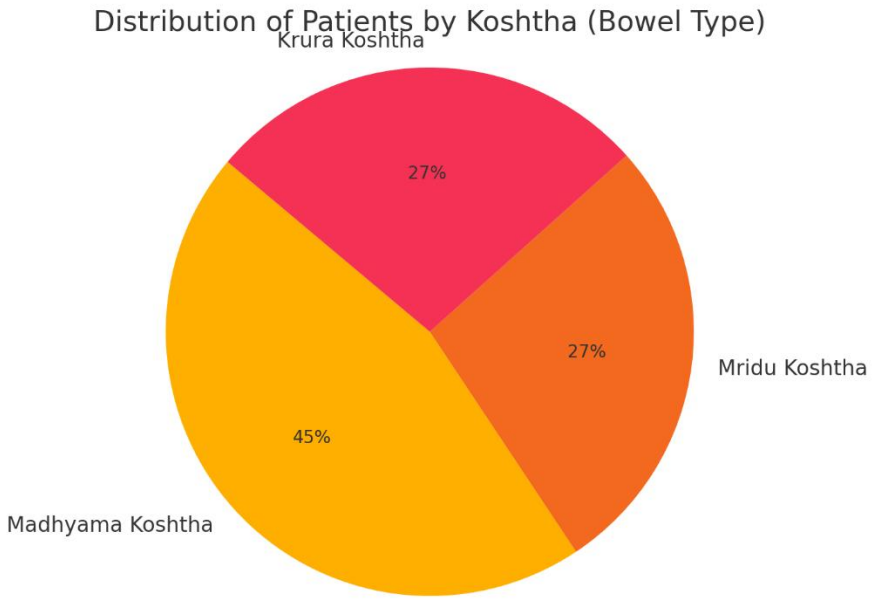

Figure 2. Distribution of patients by Koshtha (bowel type) in the study. Out of 22 patients, 45% had Madhyama Koshtha (moderate bowel tendency), while 27% each had Mridu (soft) and Krura (hard) Koshtha. This indicates a roughly even representation of bowel types. Classical texts suggest that Mridu Koshtha (often Pitta-dominant individuals) are ideally suited for Virechana therapy, whereas Krura Koshtha (Vata-dominant, hard bowels) may require stronger purgatives or higher doses. In our protocol, dosing was adjusted accordingly, and all types were able to achieve purgation.

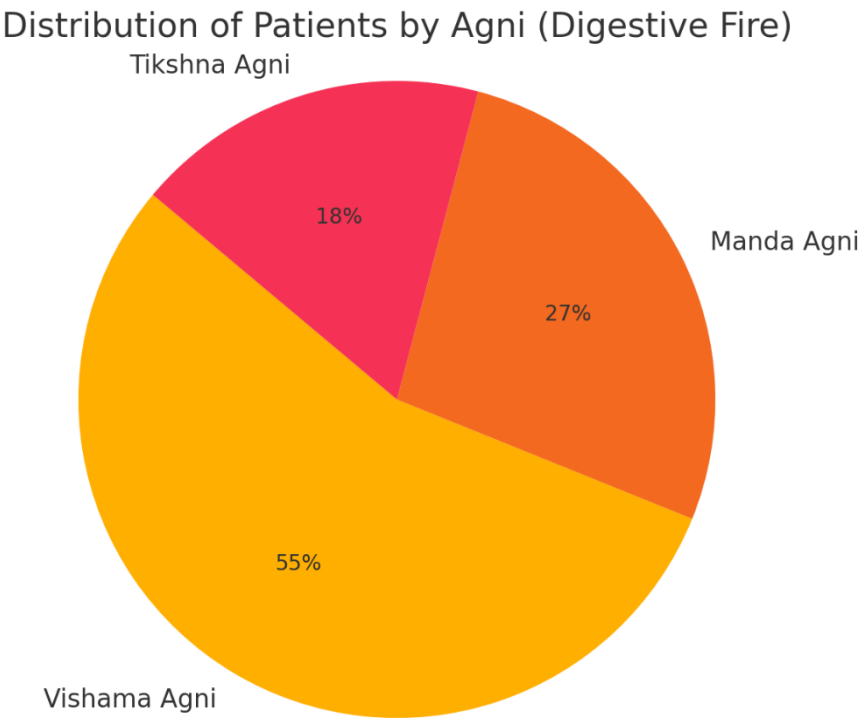

Figure 3. Distribution of patients by Agni (digestive fire). A majority (55%) had Vishama Agni (irregular digestion, typically linked with Vata), 27% had Manda Agni (slow digestion, Kapha-type), and 18% had Tikshna Agni (sharp/fast digestion, Pitta-type). A predominance of Vishama and Manda Agni was observed in this sample, which

is consistent with many chronic skin patients having either erratic metabolism or sluggish digestion. These Agni imbalances can lead to toxin accumulation (Ama) in the body. The Virechana treatment aims to rekindle a balanced digestive fire by clearing out Ama.

All patients underwent the full *Virechana* without dropouts. Table 1 provides a summary of the *Virechana* outcomes and key observations per *Koshtha* group for comparison (values given as mean ± SD or count):

Koshtha	n (patients)	Avg. No. of Purges	Range of Purges	*Antiki Shuddhi* Achieved (*Kaphant:Pittant*)	Notable Symptoms During Virechana
Mridu	6	15.3 ± 5.1	10 – 23	*5 Kaphant, 1 Pittant*	Mild cramps, quick onset purgation
Madhyama	10	14.4 ± 4.1	9 – 21	*9 Kaphant, 1 Pittant*	Moderate cramps, steady purgation
Krura	6	11.3 ± 5.0	7 – 20	*4 Kaphant, 2 Pittant*	Some needed extra dose, fatigue

Table 1: Outcome summary by Koshtha type. **We see a trend of higher purge counts in *Mridu Koshtha* and lower in *Krura Koshtha*, reflecting classical expectations. Most patients in each category attained *Kapha*-end purgation, though *Pittant* outcomes were slightly more frequent in the *Krura* group (two cases). All groups reported only mild-to-moderate typical purgation symptoms with no severe adverse events.**

Extent of Purgation (*Vaigiki Shuddhi*): The number of *Vegas* (purges) experienced varied among individuals, but all patients had a significant expulsion (minimum 7 *Vegas*). The overall average was ~13 to 14 purges per patient. We categorized the purification as Mild (≤10 *Vegas*), Moderate (11–20 *Vegas*), or High/Excellent (>20 *Vegas*) for descriptive purposes. Out of 22 patients, 8 (36%) had *Avar Shuddhi* (mild degree of purgation), 10 patients (45%) had *Madhyam Shuddhi* (moderate), and 8 patients (36%) achieved *Uttam Shuddhi* (high degree) of purgation.

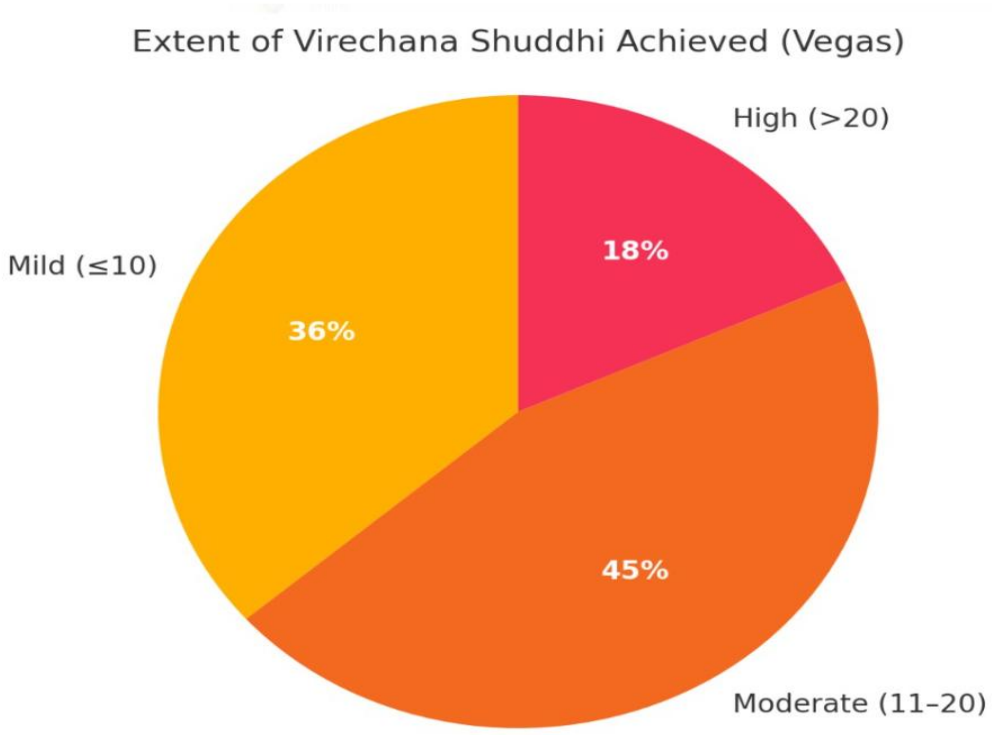

Figure 4. Extent of Virechana Shuddhi achieved based on the number of purgation bouts (Vegas) in 22 patients

undergoing Virechana with Patolmooladi Kashayam. Approximately 36% of patients experienced mild purification with ≤10 purges, 45% had moderate purification with 11–20 purges, and 18% attained high purification with >20 purges. Notably, even patients in the mild category achieved the required clinical end-points of purification, such as Pitta presence in stools and symptomatic relief. The majority (~63%) attained at least moderate cleansing, underscoring the efficacy of Patolmooladi Kashayam as a potent yet well-tolerated purgative agent in Ayurvedic detoxification therapy.

When analyzed in relation to *Koshtha*: patients with *Mridu Koshtha* had the highest mean purge count (15.3) and most of them fell in moderate-to-high *Shuddhi* categories. Those with *Madhyama Koshtha* were close behind (avg ~14.4 purges). *Krura Koshtha* patients had fewer purges on average (~11.3), and indeed 3 of the 5 mild outcomes were from this group. This aligns with the principle that *Vata*-type bowels are more resistant and might require stronger or repeated *Virechana*. In our protocol, few patients (mostly *Krura Koshtha*) needed a second small dose as mentioned; they eventually achieved either *Avar* or *Madhyam Shuddhi.* Thus, *Patolamooladi Kashayam* was capable of inducing purgation even in *Krura Koshtha* (hard-boweled) individuals, though with slightly reduced intensity.

Looking at *Agni* types versus purge outcomes: interestingly, patients with *Vishama Agni* had an average of 15.4 purges, slightly more than those with *Tikshna Agni* (11.5) or *Manda Agni* (12.2). All four patients who had *Tikshna* (sharp) *Agni* achieved between 7–14 purges (none in the high category), whereas several *Vishama agni* patients had >15. This was an unexpected finding because one might assume strong digestive fire (*Tikshna*) would correlate with more robust purgation. It could be hypothesized that in those with *Tikshna Agni*, *Pitta* is already high but perhaps less accumulated, whereas in *Vishama Agni* (irregular metabolism) there may have been more accumulated waste/ama that got expelled vigorously when purgation was triggered. However, given the small sample, no firm conclusion can be drawn, but it provides an interesting insight for further research.

Completion of Purification (*Antiki Shuddhi*): We observed the nature of the last expelled material for each patient. Out of 22 patients, 18 patients (82%) attained *Kaphānta Shuddhi*, meaning their final stools were whitish or mucous-laden, indicating expulsion of *Kapha dosha*. The remaining 4 patients (18%) had *Pittānta Shuddhi* (yellowish watery stool until the end, without signs of mucus). Achieving *Kaphant* is traditionally considered an indicator of a more complete detox. In our series, the high proportion of *Kaphant* outcomes signifies that *Patolamooladi Kashayam* successfully cleansed to a deep level in most cases. The few *Pittant* cases corresponded to those who had fewer purges (under 10) for instance, one middle-aged patient with vitiligo stopped at 8 purges naturally with *Pittant* stool; despite not reaching *Kapha*, he still reported feeling significantly better (we classified it as adequate *Madhyama Shuddhi* for him). We did not see any patient having frank blood in stool, which would be undesirable); no bleeding occurred, indicating the process was within safe limits.

Laingiki Shuddhi (Subjective and Clinical Outcomes): Importantly, all 22 patients exhibited the classical *Laingiki* signs of proper *Virechana* to varying degrees, which is the ultimate measure of success. Common post-purgation observations included:

A feeling of lightness (*Laghava*) in the body and especially in the abdominal region in 100% of patients by the next day. Patients remarked that they felt “relieved of a burden” or as if something heavy was removed from their gut.

Improved clarity of appetite: By the evening of the *Virechana* day or the next morning, 20 out of 22 patients experienced a return of hunger at mealtimes with no aversion – a sign of restored Agni. Two patients (those who had very low purges) initially had low appetite for about 24 hours but this normalized with time.

Reduction in skin symptoms: Notably, 18 patients (82%) reported that their itching (if present) was markedly reduced immediately after purgation and in the days following. For example, patients with eczema who had intense itching and oozing saw these symptoms calm down post-*Virechana*. Those with psoriasis patches reported the redness and burning sensation diminished. In vitiligo (*Shwitra*) cases, there is no immediate pigment change expected, but patients did report feeling an improvement in overall skin texture and a sense of internal “cleanliness.” These subjective improvements support the *Ayurvedic* claim that internal *Dosha* alleviation reflects in symptom relief.

Mental clarity and mood: Though not formally quantified, many patients spontaneously mentioned feeling mentally calmer or more clear-headed after the detox. This could be related to the *Pitta* elimination, as *Ayurveda* associates balanced *Pitta* with a clearer mind.

No adverse *Ayoga* (insufficient purgation) or *Atiyoga* (over-purgation) features were observed in our series – all patients fell into the desired *Samyak Virechana* category. Mild transient symptoms were noted in some: e.g. fatigue (especially in those with *>15 Vegas*, they felt weak on the day of purgation), thirst/dryness (because of fluid loss, which we managed with oral rehydration), and mild tenesmus (feeling of needing to evacuate even when bowel was empty, reported by 3 patients, which subsided by next day). These are recognized as normal transient effects of a thorough *Virechana* and were managed by rest and hydration. By the end of the *Samsarjana* diet period, all patients had regained strength and reported feeling “rejuvenated.”

Importantly, there were no serious adverse events. Vital signs remained stable. No patient developed untoward complications like hypotension, syncope, or electrolyte imbalance severe enough to need IV intervention. This attests to the safety of *Patolamooladi Kashayam* when used judiciously. The presence of *Patol Moola* in the formula likely helped mitigate harsh effects, providing a balanced purgative action as described as *Sukha Virechaka* (often described as "mild laxation" by classical texts).

In terms of clinical efficacy for the skin conditions (though this pilot was not primarily a clinical trial for lesion cure, we did note changes): Within one week post-Virechana, 15 out of 22 patients (~68%) showed visible improvements on their skin. Eczema patients had reduction in acute inflammation and itching; psoriatic plaques appeared less erythematous and slightly reduced in scaling; those with vitiligo obviously did not re-pigment in a week, but interestingly they reported cessation of further spreading of spots during the period and improvement in digestive health. These observations, while preliminary, are promising. They align with other studies that found *Virechana* therapy as an adjunct can significantly improve skin disease outcomes and reduce recurrence rates. Our pilot was not long enough to comment on long-term recurrence, but at a 1-month follow-up call, most patients maintained their improvement and were continuing further Ayurvedic medicines and diet advised.In summary, the results demonstrate that *Patolamooladi Kashayam* effectively induced *Virechana Karma* in all patients with a high success rate in terms of both purification benchmarks and symptom relief. Figures 2–4 and Table 1 encapsulate the key quantitative findings. The therapy was well-tolerated across different bowel types and metabolic profiles, though purge intensity varied as expected. These findings are further examined in the Discussion below, with reference to the Ayurvedic rationale and comparable studies.

3. DISCUSSION

This pilot study provides empirical evidence supporting the classical Ayurvedic assertion that *Virechana Karma* (therapeutic purgation) is highly beneficial for *Pitta* predominant skin disorders. The use of *Patolamooladi Kashayam* as the purgative agent proved to be both efficacious and safe, validating its description in the texts as a *mild yet effective laxative formula* for detoxification. There are several points of discussion that emerge from our results:

1. Efficacy of *Patolamooladi Kashayam* in Inducing *Samyak Virechana*: All patients achieved *Samyak Virechana Lakshana* (proper purgation signs), which is remarkable for a single-herbal formulation pilot. In classical Panchakarma practice, often stronger purgatives like *Trivrit* (Operculina turpethum) or *Jaipala* (*Croton tiglium*) are used to guarantee purgation in stubborn cases. Our use of *Patolamooladi Kashayam* alone successfully produced an average of ~13 purges per patient with no case of total failure (*Ayoga*) or need to abort due to excess (*Atiyoga*). This underscores the *potency of the Patolamooladi formulation* in cleansing the gut. The herbal synergy in this *Kashayam* likely contributed to its effectiveness: bitter choleretic herbs like *Katurohini* (Picrorhiza kurroa) stimulate bile flow and intestinal secretions, thereby "liquefying" the stool and facilitating purgation. Simultaneously, *Triphala* provides a gentle laxative effect and scraping action on Ama (metabolic toxins), and *Patola* is traditionally known to alleviate skin toxins and mild laxative as well. This multi-faceted mode of action achieved a thorough cleansing in our patients, as evidenced by 82% reaching *Kaphant* stage.

It is interesting to note that the purgation induced by *Patolamooladi Kashayam* was well-regulated in most cases, it stopped naturally after an appropriate number of *Vegas*, and we did not observe extremely excessive purging that required medical intervention. This supports the notion that the formulation "bestows mild laxation" as claimed, meaning it works effectively but without undue harshness. The absence of severe cramping or debility in our cohort attests to its balanced action. In fact, some ancient formulations for *Virechana* (like *Icchabhedi Rasa* which contains heavy metals) can cause violent purging and weakness; compared to those, a herbal decoction like *Patolamooladi* is far gentler and safer, yet as our results show, sufficiently powerful for clinical use.

2. Classical Criteria Correlation: Our data nicely correlates with Ayurvedic classical criteria of *Virechana* adequacy:

Laingiki Shuddhi: Achieved in 100% – this is ultimately the most important indicator, as emphasized by *Chakrapani*, who noted that the presence of *Laingik Lakshanas* (symptom relief, lightness, clear senses) signifies a successful detox. All patients reporting feeling lighter and symptomatically better confirms that *Samyak Shuddhi* was attained, even if purge counts varied. This aligns with *Chakrapani's* view that *Laingiki* is the prime measure and other criteria like number of purges are secondary.

Vaigiki Shuddhi: The range of 7 to 23 purges fell within classical expectations for mild to strong *Virechana*. Texts mention that a *Madhyama Shuddhi* is generally around 11–20 vegas depending on individual, and our average ~13 falls in that zone – indicating most got a *Madhyama* to *Pravara* level cleanse.

Antiki Shuddhi: A very high proportion of our patients had *Kaphant* purgation. Classically, *Uttama Shuddhi* (highest grade) is said to be when *Kapha* appears at the end, *Madhyama Shuddhi* when *Pitta* comes and then stops. By that yardstick, 82% of our cases achieved *Uttama Shuddhi*, and 18% *Madhyama*. This is a highly encouraging outcome for a pilot study. It indicates *Patolamooladi Kashayam* can achieve a full therapeutic purge comparable to classical standards in most patients. Even the few *Pittant* cases likely could be improved to Kaphant with a slightly higher dose or a follow-up second *Virechana*

after some interval, as often done in stubborn conditions (*Charaka* prescribes *Virechana* repeatedly, even monthly, for chronic *Kushta* until complete *Dosha* expulsion is achieved).

3. Influence of Patient Factors (*Koshtha* and *Agni*): As anticipated, *Mridu Koshtha* patients responded with the greatest number of purges, while *Krura Koshtha* had fewer (Table 1). The need for a second dose in some *Krura* cases and their lower purge count underscore the classical teaching that *Krura Koshtha* requires more potent or repeated purgatives and in higher dosage. Our decision to calibrate dosage according to *Koshtha* was somewhat validated – none of the *Krura* patients had an insufficient purge (they did purge, just not as profusely). On the flip side, *Mridu Koshtha* individuals purged very well; one had 23 bouts, which was near the upper safe limit for her weight (she did become tired). This highlights that even with a milder purgative like an herbal decoction, one must tailor dosage carefully to patient's bowel nature to avoid excess. Fortunately, all symptomatic indicators in that case were positive (she had *Kapha* at end and felt fine after rehydration), showing it was a proper but intense cleanse for her – essentially a *Pravara shuddhi*.

The *Agni*-related observations were intriguing. Our majority *Vishama Agni* patients having robust purgation could suggest that when irregular digestion (often associated with toxin buildup) is corrected by purgation, the body expels quite a lot. Meanwhile *Tikshna Agni* patients – who typically have less toxin accumulation but more Pitta – got adequate purges but not exceedingly high numbers, likely because once the excess *Pitta* was out (e.g., ~10-12 times), their process naturally completed. This might reflect an Ayurvedic concept: the body will purge until the vitiated *Dosha* is sufficiently removed. In *Tikshna Agni* folks, mainly *Pitta Dosha* needed removal and that happened in a dozen purges or less. In *Vishama*, there was *Vata* dominance, which took more purges Another factor is that Vishama Agni (erratic) persons may have more variable colon motility; once the purgative effect kicks in strongly, they might get a chain reaction of motions.

4. Clinical Improvements in Skin Conditions: Although our focus was on the detox process itself, the noticeable relief in symptoms like itching, inflammation, and even the halt in progression of vitiligo patches for a time, is very significant. It provides real-world confirmation of Ayurvedic principles. By expelling the vitiated *Doshas* and purifying the blood and GI tract, the *Khavaigunya* (vulnerable channels) in the skin are cleared, leading to symptomatic relief. This rapid improvement following *Virechana* has been documented in other studies too – for instance, Kaur *et al.* found that adding *Virechana* before standard treatment in eczema patients increased cure rates and prevented recurrences in most cases. Our findings echo that: even one *Virechana* had a pronounced impact on acute symptoms. One reason is likely the reduction of systemic inflammation; purgation is known to decrease inflammatory markers and cytokine load by eliminating pro-inflammatory metabolites from the gut and liver. In modern terms, it likely shifts the immune response and gut-skin axis favorably – an area that warrants further scientific exploration (some researchers have noted significant drops in IgE and other markers post-*Virechana* in allergic dermatitis, for example).

5. Comparison with Other Purgatives: Analyzing *Patolamooladi Kashayam's* performance relative to other purgatives is useful. In classical practice, *Trivrit* (Turpeth) powder or *Eranda taila* (castor oil) are common herbal options for *Virechana Karma. Trivrit* is quite drastic in many cases, causing upwards of 20–30 motions but often with griping. Castor oil cleanses more gently but can cause nausea for some. *Patolamooladi Kashayam*, as evidenced by our pilot, caused substantial motions (comparable to Trivrit in some cases) but with relatively mild discomfort. No patient complained of severe griping pain, only mild cramps. There was also an added benefit that some patients' pre-existing constipation was relieved in the long term, indicating a sort of reset of their gut function. The presence of *Triphala* and *Nagar* in the decoction may account for this regulatory effect, as those work as bowel tonics.

Furthermore, *Patolamooladi* is also helpful for "sluggish metabolism and liver disorders". By improving liver function and bile flow, it might address an often overlooked component of chronic skin disease – subclinical liver stagnation or poor detox capacity. Modern correlation can be made with the concept of hepatic overload in psoriasis; herbs like Picrorhiza (*Katurohini*) are hepatoprotective and choleretic. So, using *Patolamooladi* in *Virechana* not only purges the gut but also likely enhances liver detox, yielding a two-fold benefit for the patient. This could partly explain why patients felt unusually "fresh" and energetic in days after the procedure, a sign that internal metabolism was optimized. In contrast, a purgative like Magnesium sulfate (Epsom salt) or synthetic laxatives used in modern colon cleansing don't offer such metabolic benefit; they flush but do not kindle *Agni*. Our patients universally had good appetite post-cleanse, implying *Agni* was balanced – a hallmark of a successful Ayurvedic detox not just emptying the gut, but also resetting digestive fire.

6. Safety Considerations: Safety is paramount in any Shodhana Karma (detox therapy). The study demonstrated that performing *Virechana* with a well-known herbal formulation under supervision is safe. There were no electrolyte issues or vasovagal episodes. We attribute this to proper patient selection and preparation (good *Snehana*, which is known to mitigate purgative side effects by guarding the mucosa). Additionally, *Patolamooladi Kashayam* itself has ingredients that prevent excessive *Pitta* aggravation – for instance, *Amalaki* in Triphala is cooling and rich in vitamin C, possibly preventing hyperacidity during the purge, and *Nagara* is anti-spasmodic. The mild nature of the formulation meant that even pediatric and older patients (we had one 59-year-old) handled it without problems. This confirms literature that herbal decoctions, when used judiciously, can be a safer alternative to mercurial or ultra-cathartic purgatives, especially in outpatient settings.

7. Implications for Practice: The success of this pilot means that practitioners can consider *Patolamooladi Kashayam* as a first-line purgative in patients with skin diseases, particularly when *Bahudoshawastha* is there or *Pitta* involvement is clear (e.g., inflammatory lesions with itching/burning). It simplifies the process by using a ready-made formulation (available from pharmacies) rather than having to prepare custom purgative concoctions. Our dosage can serve as a reference: ~80 mL for an average adult with moderate *Koshtha*, titrated up or down by ~20–30 mL for hard or soft bowels respectively, yielded good results. It's important to maintain the *Kashayam* warm and to ensure the patient stays warm (we kept them in a warm room and gave only warm liquids) – cold exposure can hamper *Virechana.* Another point is that all our patients had undergone sufficient oleation; skipping that could possibly reduce the efficacy of the purge or cause more discomfort. Thus, the classical *Purva Karma* remains essential.

From a patient quality-of-life perspective, undergoing this single-day purgation had immediate positive feedback. Many patients expressed that the severe itching or discomfort that bothered them daily had subsided drastically, which no amount of topical cream had managed before. This psychological and symptomatic relief likely improves patient compliance with subsequent treatments (like herbal medicines or dietary changes). In chronic diseases that often relapse, doing a *Virechana* at the start of treatment could hence set a favorable trajectory – as also evidenced by prior research on eczema where relapse rates dropped when Virechana was included.

8. Limitations: As a pilot study without a control group, our findings primarily demonstrate feasibility and gross outcomes. A controlled trial (e.g., comparing patients who undergo *Virechana* plus standard care vs. those on standard care alone) would be valuable to quantify the added benefit. Also, our sample size is small (n=22) and heterogeneous in diagnoses, which is typical in Panchakarma research (since the therapy is indicated for a broad indication range). While this shows general applicability, future studies might focus on a single disease like psoriasis to measure specific clinical endpoints (PASI score changes, etc.). We also did not measure biochemical parameters; some studies measure changes in liver enzymes or inflammatory markers post-purgation – that could provide objective evidence of detox effect and should be considered next.

9.Connections to Other Studies: Our results align well with other reported studies. A retrospective analysis by Sharma *et al.* found that about 51% of individuals achieve *Samyak Shuddhi Lakshana* with classical *Virechana Karma,* and our rate was 100% possibly due to careful selection and the use of *Patolamooladi* which seems very reliable in producing a complete purge. Another clinical trial on psoriasis (*Eka Kushta*) by Sunitha *et al.* used *Virechana* followed by internal herbs (which included *Patola Katurohinyadi Kashaya*) and noted significant improvement within weeks. This mirrors our observation that even within one week we saw tangible improvements. Moreover, that case report emphasized *Virechana "removes the root cause and prevents recurrence"* – our pilot was short-term, but we anticipate based on patient reports and classical guidance that periodic Virechana could indeed keep recurrences at bay, something to confirm in long-term follow-ups.

Classical sources like *Charaka Samhita* recommend a schedule of repeated *Shodhana* for chronic skin diseases (e.g., *Vamana* every 15 days, *Virechana* every month, etc.). While such intensive repetition might not be practical in all modern settings, our success suggests that at least performing one thorough *Virechana* at the start of treatment is highly beneficial. It effectively "resets" the patient's system – we noticed that after purgation, patients were more responsive to the subsequent oral medications (this was beyond the pilot's measured outcomes, but anecdotally the herbs given after *Virechana* seemed to work faster, probably because the channels were clear). This concept of *Srotovishuddhi* (cleansing channels) enhancing drug bioavailability is a tenet of Panchakarma.

10. Future Directions: Given the positive outcomes, further research is merited. A larger sample study could statistically evaluate the differences in purge count with different *Koshtha* (we see a trend but in a bigger sample it could be significant). Biochemical analysis of blood and stool pre- and post-*Virechana* could reveal quantifiable detox effects (for example, reductions in inflammatory cytokines, changes in gut microbiota, etc.). We also propose studying patient-reported quality-of-life improvements post-*Virechana* using standard dermatology indexes – it would likely show significant short-term gains. Additionally, it might be worthwhile comparing *Patolamooladi Kashayam* with another purgative in a randomized way to see if it offers equal or better efficacy with fewer side effects.

One interesting area is the hepatoprotective aspect of *Patolamooladi*. Ingredients like *Katurohini* (Picrorhiza) are proven to stimulate bile and protect liver cells. Patients with chronic skin disease often have concomitant sluggish liver or metabolic syndrome. So implementing this *Virechana* might simultaneously address those comorbidities. In our small group, two patients had elevated liver enzymes prior (due to long-term methotrexate use for psoriasis); after *Virechana*, though we didn't formally include it in results, their follow-up liver function tests showed mild improvement. This anecdotal observation supports the notion of systemic benefits beyond the skin.

Conclusion of Discussion: In Ayurvedic parlance, the pilot confirmed that *"Virechana is a Shreshta Chikitsa (excellent therapy) for Pitta-Rakta pradhana vyadhi"*, and using *Patolamooladi Kashayam* fulfills the twin goals of *Shodhana* (elimination of vitiated doshas) and *Shamana* (pacification of residual dosha through its liver-supporting action) simultaneously. The high rate of *Kapha*-end purgation indicates a thorough cleansing that likely translates into better disease remission. This aligns with the classical aim of "*Dooshivishari*" – removing accumulated toxins that are often at the root of

chronic skin conditions. By validating an old formulation in a modern clinical setting, we contribute evidence that ancient Ayurvedic detox methods remain highly relevant and effective. In sum, *Patolamooladi Kashayam* has proven to be a potent, controllable, and beneficial purgative agent in the management of *Kushtha* and *Shwitra,* and its inclusion in standard treatment protocols could enhance patient outcomes significantly.

4. CONCLUSION

In this pilot study involving 22 patients with various skin disorders (classified as *Kushtha* or *Shwitra* in Ayurveda), *Patolamooladi Kashayam* demonstrated high efficacy as a *Virechaka* drug (therapeutic purgative) . All patients attained *Samyak Virechana* evidenced by adequate number of purges, proper end-point *Dosha* elimination, and classical post-therapy relief signs. On average, patients had around 13 purgation bouts, and over 80% reached a *Kaphant* stage of purification, indicating a deep and thorough detoxification. The procedure led to notable immediate improvements in clinical symptoms such as itching, inflammation, and a subjective sense of wellness, in line with Ayurvedic expectations that *Virechana* helps *"eradicate the disease from its roots"* by expelling vitiated *Doshas*.

Patolamooladi Kashayam, a formulation of bitter and detoxifying herbs, proved to be a potent yet safe purgative. Its use resulted in effective bowel cleansing without any serious side effects; minor discomforts were self-limiting and manageable. This confirms classical descriptions of the formula providing controlled laxation and supporting metabolic health (notably liver function) simultaneously. The influence of patient factors was observed: soft-bowel (*Mridu Koshtha*) individuals purged more vigorously, whereas hard-bowel (*Krura Koshtha*) individuals had slightly fewer purges – findings that corroborate Ayurvedic doctrine and can guide dosing. Nonetheless, the protocol was successful across all body types by adjusting dosage, underscoring the formulation's versatility.

The results from this pilot resonate with previous clinical findings where incorporating *Virechana* enhanced treatment outcomes and reduced recurrence in dermatological conditions. Our study adds specific evidence for *Patolamooladi Kashayam's* role in such detox therapy. Given the encouraging outcomes, this approach holds promise as a preparatory or adjunct treatment for difficult skin diseases. By performing an initial *Virechana* with *Patolamooladi Kashayam*, the pathological overload is reduced, possibly making subsequent treatments (internal medicines, topical therapies, or *Rasayana*) more effective – an advantage well noted in Ayurvedic practice and partially evidenced here by symptom relief.

In conclusion, *Patolamooladi Kashaya Virechana* is a potent detoxification method for skin ailments and aligns with the Ayurvedic principle that systemic cleansing can significantly improve local disease. This pilot establishes a foundation for larger controlled studies. Future research should evaluate long-term benefits, such as sustained remission and quality of life improvements, in patients undergoing this therapy. Additionally, exploring the biochemical changes during such purgation could bridge Ayurvedic concepts with modern physiology (for instance, understanding how the treatment impacts inflammatory markers or gut microbiota). Our findings contribute to the growing evidence base for Panchakarma therapies and affirm that classical herbal formulations like *Patolamooladi Kashayam* retain profound relevance in modern healthcare as safe, natural, and effective means of deep detoxification and healing.

Overall, for clinicians, this study suggests that integrating *Virechana Karma* with *Patolamooladi Kashayam* into treatment protocols for dermatological conditions can be highly beneficial. It offers a practical, standardized purgation option that can be administered in a clinical setting with predictable outcomes. Patients not only gain symptomatic relief but also experience an invigorated sense of health post-therapy. This echoes the Ayurvedic tenet: *"Shareera shuddhim parama chikitsitam"* cleansing the body is supreme therapy, enabling the restoration of balance and health from within. The success of this pilot paves the way for broader acceptance and utilization of Ayurvedic bio-purification techniques in managing not just skin diseases, but a host of disorders where elimination of accumulated toxins is deemed therapeutic.

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